

North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405  
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 24, 2004

Dear County Director of Social Services, Area Mental Health Director, Local Health Department Director,  
and County Department on Aging Director

**ATTENTION: Adult Services Staff**

**Subject: Guardianship Training for Supervisors, Social Workers, Case Managers and Others Providing Guardianship Services**

The NC Division of Aging and Adult Services is pleased to announce the workshop, **Guardianship: Planning Services With Wards and Their Families**, will be offered in four locations across the state during FY 2004-2005. This two-day workshop is primarily designed for agency staff with the day-to-day responsibility for guardianship service provision.

The focus of the workshop is to provide a framework for organizing work with wards and their families to create positive change and enhance decision making. This framework includes the following core activities: conducting a comprehensive assessment, identifying areas for change, establishing goals, planning services, implementing a service/treatment plan, monitoring, reassessment, and case closing.

**Completion of basic guardianship training, Guardianship: A Systematic Approach is a prerequisite for attending this workshop.**

The dates and locations for the workshops are listed below. Each workshop will begin at 9:00 AM and end at 4:30 PM on both days. Check-in is at 8:30 AM.

**Workshop Locations and Dates**

**September 27 – 28, 2004**

Rowan County DSS  
1236 W. Innes Street  
Salisbury, NC

**November 4 – 5, 2004**

Edgecombe County DSS  
301 Fairview Road  
Rocky Mount, NC

**March 10 - 11, 2005**

Cumberland County DSS  
1225 Ramsey Street  
Fayetteville, NC

**May 12 – 13, 2005**

Watauga County DSS  
132 Popular Grove Connector, Suite C  
Boone NC

Dear Director  
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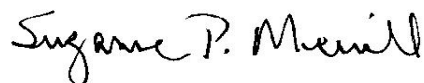
**Participants must pre-register for these workshops. There is no registration fee requirement to attend these workshops.** A maximum of 35 participants will be accepted for each workshop site. Registration will be accepted on a first come, first served basis. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend.

Registration information is attached. It is important that all information on the registration form be completed. **Registration forms must be returned at least two weeks in advance of the workshops.** Please duplicate the registration information as necessary if more than one person from your agency plans to attend a workshop. Prior to the workshops, participants will be sent a confirmation letter, and directions to the workshop site. Suggestions about lodging accommodations will be provided prior to the workshops, when this information is available.

Please share this information with the appropriate staff and mark these dates on your calendars. If you have questions, or need additional information about the content of the workshops, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818. County departments of social services may contact their Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To insure registration at a selected site, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, 325 N Salisbury Street, 2405 MSC, Raleigh, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,



Suzanne P. Merrill, Chief  
Adult Services Section

SPM:rp

Attachment

AFS-11-2004

**Adult Services, NC Division of Aging and Adult Services Registration Form**  
(Forms faxed or mailed prior to the date registration opens will NOT be considered)

<b>Have you attended the prerequisites for this training event?</b> (For prerequisite information please refer to the training description)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable for this Training
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First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

<b>If you have ever registered for a training under a different name, what is that name?</b>
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"Goes By" Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):					
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Eskimo	<input type="checkbox"/> Mixed Race

Home Phone (please include area code): \_\_\_\_\_ Work Phone & Extension (please include area code): \_\_\_\_\_  
( ) ( )  
Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

<b>Employment Type:</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	<b>Work Type:</b> <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<b>Program Responsibilities:</b> If you are <b>NOT</b> a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	<b>Other Roles:</b> Complete this box if you are <b>NOT</b> a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other
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<b>Highest Degree</b> <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	<b>Highest Social Work Degree</b> <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW
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<b>Training Event</b>
To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached
Training Event you are registering for: _____
Date(s) of Training Event: _____
Location of Training Event: _____
If you are replacing a registered co-worker, what is his/her name: _____
If you are making up a missed training day, which day are you making up? _____

**GUARDIANSHIP:  
Planning Services With Wards and Their Families**

**AGENDA**

**DAY ONE**

8:30 AM	Check-In
9:00	Welcome/Introductions Overview/Advocacy/Ethical Considerations
10:30	BREAK
10:45	Family Centered Practice
12:00	LUNCH ( <b>On Your Own</b> )
1:00	Family Assessment & Change Process (Framework)
2:30	BREAK
2:45	Family Assessment & Change Process (Framework)
3:30	Skills Practice
4:30 PM	Adjourn

**DAY TWO**

8:30 AM	Check-In
9:00	Checklist for Change
10:30	BREAK
10:45	Goal Setting
11:30	Skills Practice
12:00	LUNCH ( <b>On Your Own</b> )
1:00	Planning Services/Treatment
2:45	BREAK
3:00	Skills Practice
3:30	Monitoring/Reassessment
4:00	Case Closing
4:30 PM	Adjourn